

What To Know

WellSpan Benefit Basics



What Happens If You Don't Enroll By The Deadline?

If you do not complete online benefit enrollment **within 31 days of your date of hire**, it will be assumed you are waiving coverage for you and your family *for all benefit* options offered during enrollment. The only benefit coverage you'll have is for the WellSpan-provided benefits.

For many benefits, your next opportunity to enroll for coverage will be fall 2024 during our annual Open Enrollment, unless you experience a qualified work or family status change.

**Navigate to the INET home page using the New Employee Orientation Access Instructions sent to you via email.*

When Are Benefits In Effect?

The benefit elections you make within 31 days of your date of hire are in effect through December 31, 2024.

Making Benefit Changes During The Year

For certain benefits, you are unable to make changes to your benefits during the year unless you experience a **qualifying life status event** — such as getting married, having a baby, adopting a child, getting a divorce or experiencing a change in employment status. Contact the HR Service Center for the most up-to-date instructions on how to request a change and submit documentation. The request and documentation must be submitted **within 31 days** of the event. Any changes you make to your coverage must be consistent with the change in status.

Coordination Of Benefits *(for Medical, Prescription Drug and Dental)*

Coordination of Benefits (COB) prevents duplication of payments when a covered team member or dependent has health coverage under a WellSpan plan and one or more additional plans, such as a spouse's employer plan or Medicare. COB also ensures that your primary coverage pays first, and that your secondary coverage pays the appropriate amount.

HOW IT WORKS

COB takes into account your coverage under more than one medical or dental plan. COB must be completed annually and can be completed online at wellspanpophealth.org. Your WellSpan coverage may be your primary or secondary coverage as follows:

- If your WellSpan plan is the primary plan, then your WellSpan coverage will pay first, under the terms of the plan you have elected.
- If your WellSpan plan is the secondary plan, total benefits will never equal more than what your WellSpan plan would have paid alone. WellSpan may pay the difference, if any, between what the primary plan pays and what you are eligible for under the WellSpan plan. Therefore, it is possible that you will still need to pay the balance of a claim, even with two plans.

Eligibility

All team members are eligible to enroll in the medical, dental and vision plans (with the exception of PRN, temporary or contract workers and students). Your eligibility for benefits and the level of coverage you receive is determined by a combination of your employment status (based on FTE) and your benefit category.

WELLSPAN BENEFIT CATEGORIES

- | | | | |
|--------------|---------------------|--------------------------|-----------------------------|
| ✓ Hourly | ✓ APPs | ✓ Physician Leaders | ✓ Psych Interns |
| ✓ Supervisor | ✓ Physicians | ✓ Hospitalist Physicians | ✓ Bargaining Unit Employees |
| ✓ Leaders | ✓ Senior Executives | ✓ Residents | |

EMPLOYMENT STATUS

Full-time	Regular schedule of at least 70 hours per pay period (FTE .875–1.0).
Part-time 1	Regular schedule of 32 to 69 hours per pay period (FTE of at least .40 but less than .875).
Part-time 2	Regular schedule of less than 32 hours per pay period (FTE less than .40).
Weekend Option	Regular schedule with a specified time commitment for weekend coverage.
PRN	No regular schedule, work on an as-needed basis.

Team Member Benefit Eligibility Based On Employment Status

	Medical/Rx Dental and Vision	FSA and HSA	STD	LTD*•	Basic Life and AD&D•	Supplemental Insurance	PTO	Holiday	Retirement Plan (employer contribution)**	EAP	MetLife Legal
Full-time	●	●	●	●	●	●	●	●	●	●	●
Part-time 1	●	●	●	●	●	●	●	●	●	●	●
Part-time 2	●	●	●	●	●	●	●	●	●	●	●
Weekend Option	●	●	●	●	●	●	●	●	●	●	●
PRN										●	

* Physicians and Leaders are eligible for LTD provided they are scheduled for at least 30 hours each pay period.

• All eligible employees are auto enrolled in LTD and Basic Life and AD&D.

** All team members are eligible to make contributions to the Retirement Plan. New Non-Bargaining team members are automatically enrolled at a contribution rate equal to 4% of your pay. You can change that percentage at any time. Bargaining team members are not automatically enrolled and will need to complete the enrollment process and elect their contribution amount.

Covering Dependents

You may choose to enroll your dependents in several of the benefits. Eligible dependents include:

- Your legal spouse,
- Your dependent children (until the end of the month they reach age 26, regardless of whether they are a student),
- Children under your legal guardianship (until they turn age 18), and
- Your dependent children beyond age 26 who are totally disabled and covered on your federal taxes, provided the disability occurred prior to age 26. Proof of their disability must be provided.

ADDITIONAL REQUIREMENT IF ENROLLING A SPOUSE IN THE MEDICAL PLAN

You must complete the spouse eligibility checklist during the online enrollment process every year to determine if your spouse is eligible to be covered in the WellSpan medical plan for primary coverage or secondary coverage. Based on your answers, the system will indicate whether you need to submit a *Spousal Medical Insurance Verification* form.

The form must be submitted by within 31 days of date of hire. Generally, if your spouse is employed and eligible for medical coverage from their employer, they may need to enroll in their employer's medical plan for primary coverage and WellSpan's medical plan would provide secondary coverage. Also, if your spouse's coverage is a High Deductible Health Plan with an HSA, they cannot be covered on WellSpan's PPO plans.



Verifying Dependent Eligibility

To help manage the cost of health care for everyone, it is important you are enrolling only those dependents who are indeed eligible for coverage under the Plan. Therefore, you may be asked to provide legal documents verifying your dependent's eligibility:

DEPENDENT SPOUSE VERIFICATION

- A copy of your marriage certificate, and
- A copy of the first page of your most recent federal tax return that lists you and your spouse.

DEPENDENT CHILD(REN) VERIFICATION

- A copy of a birth certificate listing you as the parent, or
- A copy of a birth certificate and a copy of your marriage certificate for a stepchild, or
- A copy of certified court-approved adoption or custody/guardianship papers.
- For disabled dependents, a copy of your federal tax document and necessary forms.



Submitting Spouse & Dependent Eligibility Documents

Be sure to provide the necessary spouse and/or dependent verifications within 31 days of date of hire or coverage will not go into effect. In addition to the legal documentation, you will be asked to complete and sign an Attestation. Any delays in providing your dependent eligibility documentation may impact their enrollment.

After blocking out any personal or financial information on your documents, you can scan or take a photo of them and submit them by email to HRSserviceCenter@wellspan.org.

Failure to provide dependent documents within **31 days** will result in coverage removal for dependent(s) and they will not be able to enroll until Open Enrollment or if they experience another life event.

Cost Of Coverage: Premium Rates

The cost of coverage (premium rates) for your elected benefits varies based on:

- your hourly rate and your hours worked
- the type of benefit you elect and the number of dependents being covered
- your employment status (based on FTE)
- your participation in the Wellness Program (for medical premiums)

Your premiums will be paid through automatic payroll deductions, deducted from 26 paychecks throughout the year.

2024 Premium Rates

Refer to the 2024 Premium Rates flyer posted at wellspanbenefits.org for specific premium rates.

PREMIUM ASSISTANCE PROGRAM

The Premium Assistance Program provides eligible full-time team members with medical coverage for themselves and their covered dependents under the WellSpan Plus Plan for the full plan year at no premium cost to the team member. There is a 1-year service requirement as part of eligibility criteria.

Team members are responsible for paying applicable out-of-pocket costs (copays, coinsurance and deductible amounts) for services. Download an application from INET or from wellspanbenefits.org.

LOWER YOUR MEDICAL PREMIUMS BY COMPLETING THE WELLNESS INCENTIVE

Team members who complete the WellSpan Wellness Matters Incentive requirement for the Premium level will be rewarded with a credit toward their medical premium costs. Premium level must be completed within 6 months of hire date to receive the credit toward your medical premiums. Learn more at wellspanwellness.org.

Assign Beneficiaries To Your Benefits

It is important to assign beneficiaries to your benefits and confirm they are up-to-date. Doing so assures your wishes are honored in the event of your death and gives clear direction to how your financial assets associated with these benefits are distributed.

INSURANCE POLICIES

1. Go to INET » *Human Resources* » *HR Apps* » *INFOR Lawson*.
2. Click on the *Beneficiary* link under the Benefits box on your Employee Page and enter the information requested.

RETIREMENT SAVINGS PLAN

1. Visit wellspansavings.com and log in or create an online account.
2. Click *Account* » *Overview* » *Beneficiaries* and enter the information requested.

HEALTH SAVINGS ACCOUNT (HSA)

1. Visit the Inspira Financial HSA member portal at payflex.com and log in or create an online account.
2. Click on *Account Settings* » *Beneficiaries* and enter the information requested.



REMEMBER!

Update Your Beneficiaries As Your Life Changes

- Marriage
- Divorce
- Birth or adoption of a child
- Death of a spouse or loved one